


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 31, 2007 8:00 am**  
**Secretary of State**

05-31-2007 90001 043 \*\*\*550.00


DOCUMENT # P01000050157  
 1. Entity Name  
**FARELI, CORP.**



Principal Place of Business: **2225 SW 90 AVENUE MIAMI, FL 33165**  
 Mailing Address: **2225 SW 90 AVENUE MIAMI, FL 33165**

2. Principal Place of Business - No P.O. Box #: **Suite, Apt. #, etc.**  
 3. Mailing Address: **4160 West 16 Ave # 210**  
 Suite, Apt. #, etc.: **Suite, Apt. #, etc.**

City & State: **Hialeah, Florida**  
 Zip: **33012** Country: **USA**



05242007 Chg-P CR2E034 (12/06)  
 4. FEI Number: **65-1114080** Applied For:  Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ELO ENTERPRISES**  
**1900 W COMMERCIAL BLVD**  
**APT 139**  
**FT LAUDERDALE, FL 33309**

7. Name and Address of New Registered Agent  
 Name: **Arturo F. Hernandez & Assoc.**  
 Street Address (P.O. Box Number is Not Acceptable): **4160 West 16th Avenue, Suite 210**  
 City: **Hialeah** State: **FL** Zip Code: **33012**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE: \_\_\_\_\_ DATE: **May 24, 2007**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

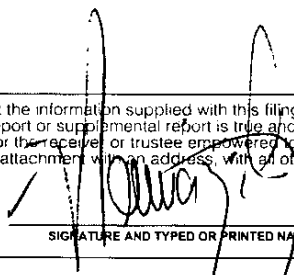
10. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> Delete
NAME	LIZAMA, JOSE A	
STREET ADDRESS	2225 SW 90 AVENUE	
CITY - ST - ZIP	MIAMI, FL 33165	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LIZAMA, AIDA M	
STREET ADDRESS	2225 SW 90 AVENUE	
CITY - ST - ZIP	MIAMI, FL 33165	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:  DATE: **May 24, 2007** DAYTIME PHONE #: **(305) 825-0988**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR